



CONSENT FOR MEDICAL CARE

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

City _____ County _____ State _____ Zip _____ Home Phone _____

I hereby grant permission to Texas ChalleNGe Academy to provide medical care for my son/daughter. If my son/daughter needs emergency medical/dental attention due to an accident or injury, I hereby authorize the attending medical/dental personnel at the Emergency Facility to provide whatever treatment is necessary to include but not limited to x-rays, anesthesia, diagnostic procedures, medical procedures, dental procedures and/or interventions. In the event of an emergency illness or injury, I understand that reasonable effort will be made to contact me. Reasonable effort means that I may not be contacted first but will be contacted as soon as possible by the staff from TCA. I understand that Texas ChalleNGe Academy has a full time Nurse and a full time assistant to the Nurse and that this may be an EMT (Emergency Medical Technician) or a CNA (Certified Nurse Assistant). I grant permission for any of the Medical Staff, Certified Military Medic Team Leaders, and Team Leader in Charge to dispense medication to my son/daughter. This medication may be a prescription which has been prescribed directly to my son/daughter by a physician or it may be over the counter medication as deemed necessary by TCA. My son/daughter is allergic to the following: _____

It is further understood that Texas ChalleNGe Academy carries medical insurance for accidental injuries only. Medical care outside the scope of Texas ChalleNGe Academy Medical Staff will be the financial responsibility of the parent or legal guardian. The Medical Staff will determine the need for my son/daughter to be seen by a physician if necessary. My insurance information is listed below:

Medical Insurance Company: _____ Phone # for Certification: _____

Policy Holders Name: _____ Policy or Group #: _____

Medicaid or CHIPS #: _____ Parent Work Phone: _____

Parent EMail Address:: _____ Parent Cell Phone _____

Emergency Contact Information in The Event Parent or Guardian Cannot be Reached

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I have read and understand all of the above and to the best of my knowledge the information supplied is true and correct.

Signature of Parent or Guardian

Signature of Applicant
